

Intimate Care Policy (to be read in conjunction with the Child Protection and Safeguarding policy)

Intimate Care is defined as enabling the children and young people in our care (referred to in this policy as "young person" or "young people") to carry out or be involved in personal life functions with dignity and respect, meeting individual needs. Intimate care can include the following:

- Toileting
- First Aid
- Changing young people for swimming
- Dressing
- Feeding
- Moving young people including physiotherapy
- · Administering medication, including emergency medication,
- Personal hygiene e.g. menstruation
- · Enteral feeding and stoma care,
- Supervision of toileting, changing and personal hygiene

The purpose of these guidelines is:

- to protect both young people and staff
- to provide information to parents/carers about the Time Out Group's arrangements for intimate care
- to ensure that the high standards of intimate care within these guidelines are maintained by all staff

Intimate Care Procedure:

- The induction given to new staff covers child protection policy and arrangements, general health, and safety information, positive handling information and training, intimate care and personal hygiene arrangements.
- All staff have a responsibility to familiarise themselves with the young people's individual needs, follow these and review / update them at least annually (see individual risk assessments).
- The young person's dignity should always be preserved with a high level of privacy, choice and control.
- The young person should be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage the individual to do as much for him / herself as he / she can.
- Intimate care tasks must not be attempted unless the member of staff feels confident and sure about how to proceed. If in doubt, ask a colleague.
- Intimate care tasks should be seen as an important part of the individual's session.



- This should be seen as quality time with individuals, focusing on communication, increasing independence and raising self-esteem.
- It is important that privacy, dignity and confidentiality are maintained at all times. Adults should be sensitive to individual feelings and wishes, introducing age appropriate strategies in consultation with home and outside agencies.
- Intimate care procedures should take place in designated areas ensuring total privacy where required. Exposure of private areas should be kept to a minimum e.g. covering genitals with a towel whilst getting dressed / undressed for swimming.
- The environment should be clean, pleasant, hygienic and relaxing. Appropriate resources should be available.
- Health and hygiene procedures should always be followed, e.g. use of gloves, hand washing, safe disposal of waste, wiping down of surfaces.
- In certain situations, individual care plans will be identified for specific pupils.
 Review of the care plan will be required (at least annually) and some recording may be necessary.
- Links with the home are essential to maintain continuity and consistency of practice.
- Contact with outside agencies needs to be maintained where appropriate
- Risk assessments should highlight the potential for abuse / accusation of abuse during intimate care procedures. Appropriate staffing will be determined by risk assessment. Staff must be familiar with and follow the Child Protection policy and guidelines. Evidence of soreness, irritation, bruising, scratches, discharge, or unusual emotional/ behavioural responses etc need to be recorded and reported in line with the safeguarding procedures. Where signs or symptoms of a suspicious nature concern staff, it should be reported immediately to a designated safeguarding lead (DSL). In cases where young persons are sexually aroused or have emotional reactions during intimate care procedures, this must be identified on their risk assessment and strategies / arrangements agreed with parents / carers.
- Young people with communication difficulties must be made aware of forthcoming intervention using appropriate communication e.g. Makaton / body signing / objects of reference. All individuals should be informed about what is going to happen, seeking their consent for procedures.
- If staff feel that a young person is using a caring situation inappropriately, all those involved need to discuss the situation to determine an outcome in consultation with parents/carers.
- Staffing levels for swimming activities should enable staff to change in privacy and be adequate to meet any identified risk assessments. Where possible, service users will change in individual cubicles with an adult offering verbal prompts from outside. If the young person requires physical support to change or closer supervision due to behavioural needs, they will change in



the group change under the supervision of at least two members of staff. Service users will shower in the communal shower, wearing swimwear.

- The Group Leader must ensure that appropriate facilities are available off site, prior to the visit and take a portable hoist if required.
- There may be occasions when a distressed child needs comfort and reassurance that may include physical touch such as a caring parent would give. Staff must remain self-aware at all times to ensure that their contact is not threatening or intrusive and not subject to misinterpretation.

Manual Handling

All pupils that need manual handling have an individual handling plan. These must be followed at all times and are reviewed annually.

Approved by the Committee on [date]

Signed Helbradley Chair 28/9/21 Date

Date policy to be reviewed – September 2024